FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

1	MENT # K72328 LLA CORPORATION OF TAM			 	B1041 DUBU DUBU 01014 DUBU 11011 11011
Principal Piace	n of Rusiness	Mailing Address			
C/O PETER LAWRENCE COMM RE 4710 EISENHOWER BLVD. C-1 TAMPA FL 33634		C/O PETER LAWRENCE COMM RE 4710 EISENHOWER BLVD. C-1 TAMPA FL 33834-8334			
				3. Date Incorporated or Qualified 03/13/1989	3a. Date of Last Report 05/01/1996
	lace of Business	28. Mailing Address		4. FEI Number	Applied For
Suite. Apt.	# ote	Suite, Apt. #, etc.		65-0131777	Not Applicable \$8.75 Additional
22	п (ана	27		5. Certificate of Status Desired	Fee Required
City & State	0	City & State		8. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip 24	Country 25	Zip 3	Country 0		Yes 🜓 No
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
LAWRENCE D. HOROWITZ			81 Name Allan Albrams		
4710 EISENHOWER BLVD. SUITE C-1			82 Street Addi	ress, IP.Q. Box Number is Not Acceptable 15en Nowey	と
	PA FL 33634		83 O 1	0 0 1	01.0
Irwin	TATE 00001		<u>Jour</u>	E C-1	Ser Code 4
			84 Gran	pa	FL 33634
SIGNATURE	Mountine, typed or printed name of registered age	nt and tide if applicable (NOTE:	the above-named corplinative depth of the corporal da Statutes. 1an Abrams, Registered Agent signature requi		DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	
TITLE NAME	DCP ABRAMS, ALLAN	☐ DELETE	1.1 TITLE 1.2 NAME		Change L Addition
STREET ADDRESS	4710 EISENHOWER BLVD.		1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33634		1.4 CITY-ST-ZIP		
TITLE	DTS	☐ DELETE	2.1 TITLE		Change Addition
NAME [ABRAMS, ELAINE		2.2 NAME		
STREET ADDRESS	4710 EISENHOWER BLVD.		2.3 STREET ADDRESS		
CHY-ST-ZIP	TAMPA FL 33634 DS	DELETE	2.4 CITY-\$T-ZIP 3.1 TITLE		Change Addition
NAME	LLEWELLYN, ROBERTA	C out it	3.2 NAME		Ci quei de Ci vaditori
STREET ADDRESS	4710 EISENHOVER BLVD		3.3 STREET ADDRESS		
CITY - ST - ZIP	TAMPA FL 33634		34. CiTY-ST-ZIP	an Oranidant	
MLE		☐ DELETE	C) TITLE VI	CE PIESIGET I	Change L Addition
NAME !			4. 2 NAME UA	mes J. Shapiro	Blud. C-1
STREET ADDRESS			4.3 STREET ADDRESS	mes J. Shapiro 710 Eisenhower Inga Fl. 331	1034
CHY-ST ZIP		DELETE	4.4 CITY-ST-ZIP	inpa Fel. 331	Change Addition
NAME		F-1 0	5.2 NAME		and the second
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-S1-Z#*			5.4 CITY-ST-ZIP		
lillE	har / market mar	☐ DELETE	61 TITLE		Change Addition
NAME			62 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or proportion and annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that it am an officer or director of the proportion of the proportio

Allan Abrams, Chairman

Daytime Phone 4

FILED

May 06 1997 8:00am

Secretary of State